

ILC-Indirect Service/Vendor Contract Review Summary Report FY2008

Division: Division of Services for People with Disabilities Review Date: _____

Reviewer(s): Abee

Provider Name: _____ Provider ID: # _____

Contract #: A00 From: _____ To: _____

Review Location(s): St Office DSPD; ILC Operates in :

Compliance Ratings: Y = Yes; N = No; N/A = Not Applicable

Fiscal Monitoring Plan

Component	Compliance? (Yes / No / N/A)			Comments
Provider Qualifications				
Provider qualifications (license, experience, etc.)	Yes	No	N/A	Major _____ Significant _____ Minor _____

Performance Measures

Does the Provider meet the deliverables required in the contract?	Yes	No	N/A	Major _____ Significant _____ Minor _____	See Attached ==>

Fiscal Monitoring

Billings from providers are itemized in same categories as contracted budget?	Yes	No	N/A	Major _____ Significant _____ Minor _____	
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Yes	No	N/A	Major _____ Significant _____ Minor _____	
Onsite reviews of "costs of service" are in compliance with contracted budget?	Yes	No	N/A	Major _____ Significant _____ Minor _____	
			X		

Federal Assurances and Standard Terms

Annual self-certification signed? (Only required for multi-year contracts)	Yes	No	N/A	Major _____ Significant _____ Minor _____	
The sample of standard terms and/or Federal Assurances reviewed indicates compliance?	Yes	No	N/A	Major _____ Significant _____ Minor _____	

Additional Requirements/Major Deliverables

	Yes	No	N/A	Major _____ Significant _____ Minor _____	
			X		

REVIEW SUMMARY:

Clair need to validate to new F08 contracts in Sept 07

Contract Monitor Signature / Date

Contract Monitor Name (Please Print)